



FLWEMS Paramedics Adult Protocol for the Management of:  
**CHEST PAIN/MYOCARDIAL INFARCTION**

**Indications**

To outline the paramedic care and management of any patient with known or suspected acute myocardial infarction i.e. complaints of chest, neck, jaw and/or arm pain.

**Procedure**

1. Establish an airway as outlined in FLWEMS Paramedics Adult Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed, (2-6L/min per nasal cannula or face-mask with non-rebreather as indicated).
2. Monitor cardiac activity, oxygen saturation, and blood pressure. Treat dysrhythmias per ACLS protocols.
3. For all cardiac related transfers, repeat ECG as needed or every 30 minutes to monitor for any acute changes.
4. Establish an IV of **0.9% NaCL** at a rate of 20-30cc/hr. If patient is hypotensive, go to Cardiovascular Emergencies (ACLS Protocol). Use caution in the presence of CHF.
5. Administer **Aspirin** 324mg PO (administer ½ if patient takes **Aspirin** on a daily basis).
6. Obtain a base-line 12 Lead ECG.
7. Administer **Nitroglycerin Spray** SL times three doses at five minute intervals for chest discomfort (or anginal equivalent) if SBP greater than 90mm/Hg. If no relief of chest discomfort, consider initiating **Nitroglycerin** (Tridil) IV drip in 10 mcg/minute increments every five minutes as indicated maintaining SBP >90mm/Hg.
8. Consider **Morphine Sulfate** in 2mg increments every five minutes for chest discomfort not relieved by NTG, maintaining SBP >90mm/Hg and patient not allergic to MS04.
9. Consider **Meperidine HCl** (Demerol) in 25mg increments IVP every 5 minutes or **Fentanyl** (Sublimaze) 50 – 100mcg IM or slow IVP over 1 -2 minutes every 20 – 30 minutes if patient is allergic to MS04 and SBP is >90mm/Hg.
10. Consider a **Nitroglycerin IV Infusion** (Tridil) 5-20 mcg/min titrated to pain and SPB > 90mm/Hg.  
**NOTE:** Tridil must be administered via infusion pump.
11. Consider **Heparin** 5000 – 10000 U IVP or SQ then titrate to 1000 U/hr IVPB.  
**NOTE:** Heparin must be administered via infusion pump.
12. Continue Thrombolytic and Anticoagulation therapy as indicated from referring facility.  
**NOTE:** FLWEMS ambulances do not stock thrombolytic agents. These medicines must be acquired prior to transport on a case-by-case basis.
13. Transport to appropriate Emergency Department.
14. Contact medical control for further orders as needed.
15. If time permits, review contraindications to Thrombolytic use with the patient while en-route to the Emergency Department.

**Special Considerations**

For patients receiving Thrombolytics, exhibiting signs of CHF, or signs of shock, refer to the appropriate protocol.

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**CAIRA/Chemical Surety Considerations**

None

**Triage Considerations**

Refer to S.T.A.R.T. Triage Protocol

**END OF SOP – NOTHING FOLLOWS**